

# MISSOURI

## State Board of Nursing Newsletter

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 130,000 to all RNs and LPNs



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## Message from the President

**Anne Heyen, DNP, RN, CNE**

What a few months it has been for nursing! 2020 is definitely a year to remember. My last piece for the newsletter was due right around the time when COVID-19 first hit the United States and there were no confirmed cases in Missouri. It seems like a lifetime ago! When I reflect on nursing these past few months, the word that comes to mind is sacrifice. Nurses throughout the state and country have sacrificed on so many levels. Some nurses found themselves working in areas they never had before. Many found protocols changing by the hour. All felt the uncertainty of the world, but persevered and adapted. Because we are nurses and that's what nurses do. From the board to each nurse, thank you for your sacrifice.

As I write this, there are demonstrations regarding racism that unfortunately still exists in our society. Nurses are so many things, including advocates. As nurses, we have a duty to practice with compassion and respect for the inherent dignity, worth and uniqueness of EVERY individual, unrestricted by considerations of race, religion, gender orientation, social or economic status, personal attributes, or the nature of health problems. One lovely thing about nurses is that we are always learning and growing. Let us take these blatant instances of racism to learn, grow and become better people and nurses.

## NEW NURSING NEWSLETTER DESIGN

COMING JANUARY 2021



## Executive Director Report



**Lori Scheidt, Executive Director**

### Thank You Nurses

I have the pleasure as serving on the Board of Directors at the National Council of State Boards of Nursing (NCSBN). During the midst of the pandemic, they posted the above on their twitter feed @NCSBN. "We have all had to alter our lives during COVID-19. Nurses are no different, but they have also had to adapt to an exhausting and traumatic environment in order to protect their patients and themselves while trying to stop the spread. Give them your support." On behalf of all regulators, thank you nurses.

### Board of Nursing Newsletter Going Exclusively Digital

This is the last paper publication of our newsletter. Your next newsletter will arrive in your email box in January 2021. You will be notified via a GovDelivery email from [DCI@dc.mo.gov](mailto:DCI@dc.mo.gov) when the digital newsletter is ready to be viewed. The subject line will read: BOARD OF NURSING NEWSLETTER READY TO VIEW. It is very important that you keep your contact information updated. You can find a change form on our home page, <https://pr.mo.gov/nursing.asp>.

If you are not a licensed nurse but would like to continue receiving our digital newsletter, you may do so by going to <https://pr.mo.gov/nursing.asp> and selecting the

*Executive Director continued on page 2*

# Moments with Marcus

## All Things to All People

By Marcus Engel

Early this summer, my dad spent a few days in the hospital after a collapsed lung. Dad is 81 and, other than a bit of prostate cancer, he is fit as a proverbial fiddle. Dad is also kind, wise and has a quick wit which is usually expressed by gentle teasing. He is almost always sporting a smile and has never met a stranger. In addition, he's medically literate and a good patient. Nurses, like most everyone else, find him charming and fun.

While he was hospitalized, Dad and I spent hours on the phone, and I was able to overhear many of the interactions with his nurses and techs. Some were really great examples of communication. Like the nurse who explained the monitors and their sounds. Hearing her comfort Dad, "This short beep is just telling us you're ready for a new bag of IV fluids. And this bonk sound just means one of your wires came loose. Nothing to worry about." Her communication was meant to comfort him, but my dad doesn't stress much anyway, so it was me who was comforted.

See, I live 1000 miles away from my parents, so distance posed an obstacle to being there. And then there is Covid-19. And a hospital policy of no visitors. Not even my mother could be by my dad's side as he went into surgery. And no one could be there for him as he was in the recovery room. And no one could stop by his room during any of the three nights and four days he was hospitalized.

Of course, this time of Covid means now, more than ever, nurses are having to take on dual roles: physical caregivers AND family comforters.

No one can be all things to all people. Intellectually, we all know this. Trying to please everyone ends in disappointment and exhaustion, especially for the pleaser.

During this unprecedented madness, nurses are being asked to do something that stretches them beyond boundaries: be both nurse and family to patients.

Isolation is one of the most sinister horrors of this pandemic. Patients are often left frightened, confused and terribly alone with none of the comfort of family around them. Restricting visitation has been an unfortunate necessity... and it's added an extraordinary amount of pressure to the role of nurses. As if the weight of the job weren't enough, as if the fear of catching Covid wasn't already hanging over everything, now nurses are asked to



**Marcus Engel**

fill in the gap. With no family members at the bedside, a nurse now often has to be the patient's social interaction, medical interpreter and their sole comforter.

I believe most nurses chose the profession for both the compassion and the science. The nature of nursing is the physical care of a person, but filling the psycho-social needs of patients is also high on the list. Still, when those at the bedside are asked to fill ALL a patient's needs? That's a big ask.

Thank you, nurses for answering yes to that big ask. For not flinching when your patients need you, when your facility needs you, when your co-workers need you, and when your patients need you. Thank you for continuing to be the embodiment of presence, of those two compassionate words: I'm here. And, thank you for taking care of my dad.

### Executive Director continued from page 1

"Get Nursing Board News" link located above the Board's contact information. From there, follow the prompts to enter your email address and then select the topics you wish to subscribe to. Make sure you select the "Board of Nursing" topic located towards the bottom of the list.

### End of 2020 Legislative Session Report

The 2020 legislative session of the Missouri General Assembly ended May 15, 2020.

### Military Spouse Bill

Representative Steve Lynch (Republican-District 122) sponsored House Bill 1511. This bill has several provisions related to professional licensing reciprocity. One provision is that regulatory agencies are now required to issue a license within 30 days for any resident or nonresident military spouse who meets the requirements of licensure reciprocity.

I am proud to say that our board has already had a system in place for expedited application processing. The form can be found at <https://pr.mo.gov/boards/nursing/Expedited-App-Processing.pdf>

### Advanced Practice Registered Nurses (APRNs)

There were a variety of bills filed related to APRNs. None of those bills advanced to the final stages.

## Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses ( <i>MoSALPN</i> )	573-636-5659
Missouri Nurses Association ( <i>MONA</i> )	573-636-4623
Missouri League for Nursing ( <i>MLN</i> )	573-635-5355
Missouri Hospital Association ( <i>MHA</i> )	573-893-3700

## Number of Nurses Currently Licensed in the State of Missouri

As of June 30, 2020

Profession	Number
Licensed Practical Nurse	22,043
Registered Professional Nurse	114,436
<b>Total</b>	<b>136,479</b>

## SCHEDULE OF BOARD MEETING DATES THROUGH 2020

August 19-21, 2020

December 9-11, 2020

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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**Tenure Track Faculty Position**  
**Advanced Practice/Nurse Executive Leader**

Who is Saint Louis University? Founded in 1818, Saint Louis University is one of the nation's oldest and most prestigious Catholic universities. SLU, which also has a campus in Madrid, Spain, is recognized for world-class academics, life-changing research, compassionate health care, and a strong commitment to faith and service.

The Trudy Busch Valentine School of Nursing invites applications for a tenure track faculty position. The Valentine School of Nursing, an integral component of one of the largest Catholic health sciences centers in the world, has been in the forefront of nursing education since its founding in 1928. Information on the Trudy Busch Valentine School of Nursing can be found at [www.slu.edu/nursing](http://www.slu.edu/nursing)

This 9-month position requires a doctorate in nursing or a related field with a master's in nursing; certification as an advanced practice nurse preferred (Family Nurse Practitioner); ability to teach at graduate or doctoral levels; active research agenda; publications commensurate with a doctoral program; licensure or eligibility for licensure and advanced practice approval in the state of Missouri.

Salary is dependent on qualifications and experience.

All applications must be made online at <https://slu.wd5.myworkdayjobs.com/Careers>. Applications must include a cover letter, curriculum vitae and three reference letters. Review of applications will begin upon receipt and will continue until suitable candidates are identified.

Saint Louis University is an equal opportunity/affirmative action employer. All qualified candidates will receive consideration for the position applied for without regard to race, color, religion, sex, age, national origin, disability, marital status, sexual orientation, military/veteran status, or other non-merit factors. We welcome and encourage applications from minorities, women, protected veterans, and individuals with disabilities (including disabled veterans). If accommodations are needed for completing the application and/or with the interviewing process, please contact us at 314-977-5847.

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# NCSBN Award Ceremony to Honor Outstanding Nurse Regulators

CHICAGO –NCSBN will recognize its dedicated and exceptional membership and guests at its annual awards ceremony during the NCSBN Midyear Meeting, held in Seattle, March 10, 2021.

Specific award recipients include:

**Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing,** will be honored with the prestigious R. Louise McManus Award. Individuals receiving this award have made sustained and significant contributions through the highest commitment and dedication to the mission and vision of NCSBN.

**Carmen A. Catizone, MS, DPh, RPh, former executive director/secretary, National Association of Boards of Pharmacy,** will receive the Founders Award a prestigious award given only upon occasion that an individual with ethics, integrity and sincerity has demonstrated the highest regard for the ideals and beliefs upon which NCSBN was founded.

The **North Carolina Board of Nursing** will be awarded the Regulatory Achievement Award that recognizes the member board or associate member that has made an identifiable, significant contribution to the mission and vision of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.

**Adrian Guerrero, CPM, board staff, Kansas State Board of Nursing,** will receive the Meritorious Service Award, which is granted to a member for significant contributions to the mission and vision of NCSBN.

**Patricia Sharpnack, DNP, RN, CNE, NEA-BC, ANEF, FAAN, board member (recent past president), Ohio Board of Nursing,** will be given the Elaine Ellibee Award, that is granted to a member who has served as a board president within the past two years and who has made significant contributions to NCSBN.

**Mary A. Baroni, PhD, RN, board member, Washington State Nursing Care Quality Assurance Commission,** will receive the Exceptional Contribution Award, which is given for significant contribution by a member who is not a president or executive officer and has demonstrated support of NCSBN's mission.

**David Swankin, Esq., president and CEO of the Citizen Advocacy Center (CAC),** will be presented with the Distinguished Achievement Award the honor which is given to individuals or organizations whose contributions or accomplishments have impacted NCSBN's mission and vision.

In addition, service awards will be given to the following executive officers of nursing regulatory bodies (NRBs):

## Five Years

Peggy Benson, MSN, MSHA, NE-BC, executive officer, Alabama Board of Nursing  
Margaret Clifton, MS, RN-BC, CLNC, state director, Rhode Island Board of Nurse Registration and Nursing Education

Kim Esquibel, PhD, MSN, MPA, RN, executive director, Maine State Board of Nursing  
Laurie Janes, MSc, RN, executive director, Nurses Association of New Brunswick

Carole Mercier, MSc, RN, ASC, secretary general, Ordre des infirmières et infirmiers du Québec

Phyllis Mitchell, MSN, RN, executive director, Vermont State Board of Nursing

Stacey Pfenning, DNP, APRN, FNP, FAANP, executive director, North Dakota Board of Nursing

Margaret Sesepasara, MS, RN, executive secretary, American Samoa Health Services Regulatory Board

Lorena Silva, MSN-L, MBA, DNP, RN, executive director, Massachusetts Board of Registration in Nursing

Sue Smith, MAOL, RN, CEO & registrar, Nova Scotia College of Nursing

Katherine Stansfield, MN, RN, CEO & registrar, College of Registered Nurses of Manitoba

## 10 Years

Joe Baker, Jr., executive director, Florida Board of Nursing

Jim Cleghorn, MA, executive director, Georgia Board of Nursing

Sue Tedford, MNSc, APRN, executive director, Arkansas State Board of Nursing

Lee Ann N. Teshima, executive officer, Hawaii Board of Nursing

## 15 Years

Betsy Houchen, JD, MS, RN, executive director, Ohio Board of Nursing

## 25 Years

Joey Ridenour, MN, RN, FAAN, executive director, Arizona State Board of Nursing

Kathy Thomas, MN, RN, FAAN, executive director, Texas Board of Nursing

## 35 Years

Elizabeth Lund, MSN, RN, former executive director, Tennessee Board of Nursing



# National Council of State Boards of Nursing: Statement on Diversity and Equality in America

NCSBN shares in the pain and trauma that the nation is experiencing as we confront the inequitable treatment of black and other minority Americans. NCSBN joins the nation in calling for a critical examination of how issues of racism, social injustice, intolerance, and inequality are addressed and resolved.

As a leading nursing organization, NCSBN seeks to empower and support nursing regulatory bodies in their mandate to protect the public. Nursing regulators are dedicated to licensing a diverse, competent nurse workforce to ensure that ALL individuals have access to quality health care. Nurses have earned the reputation as the most trusted profession who embrace a code of conduct that requires us to care for individuals based on their needs, not based on the color of their skin, or any other characteristic or categorization. We are committed to finding enduring solutions that make the nation and the world fair, just and safe for all.

At this pivotal moment, as an organization committed to public safety, we recognize how vital it is to listen and respond to those calling for an end to systemic racism and not allow those who seek destruction and violence to overshadow the importance of purposely moving toward a new era of diversity, inclusiveness and change. This cannot be done in isolation. NCSBN stands ready to work with nursing colleagues and the rest of the health care community to effect long-lasting change. To this end, we will begin by critically examining regulatory processes for bias and develop additional learning resources to support equitable treatment for all.

## NCSBN Extends Modified NCLEX Through Sept. 30, 2020

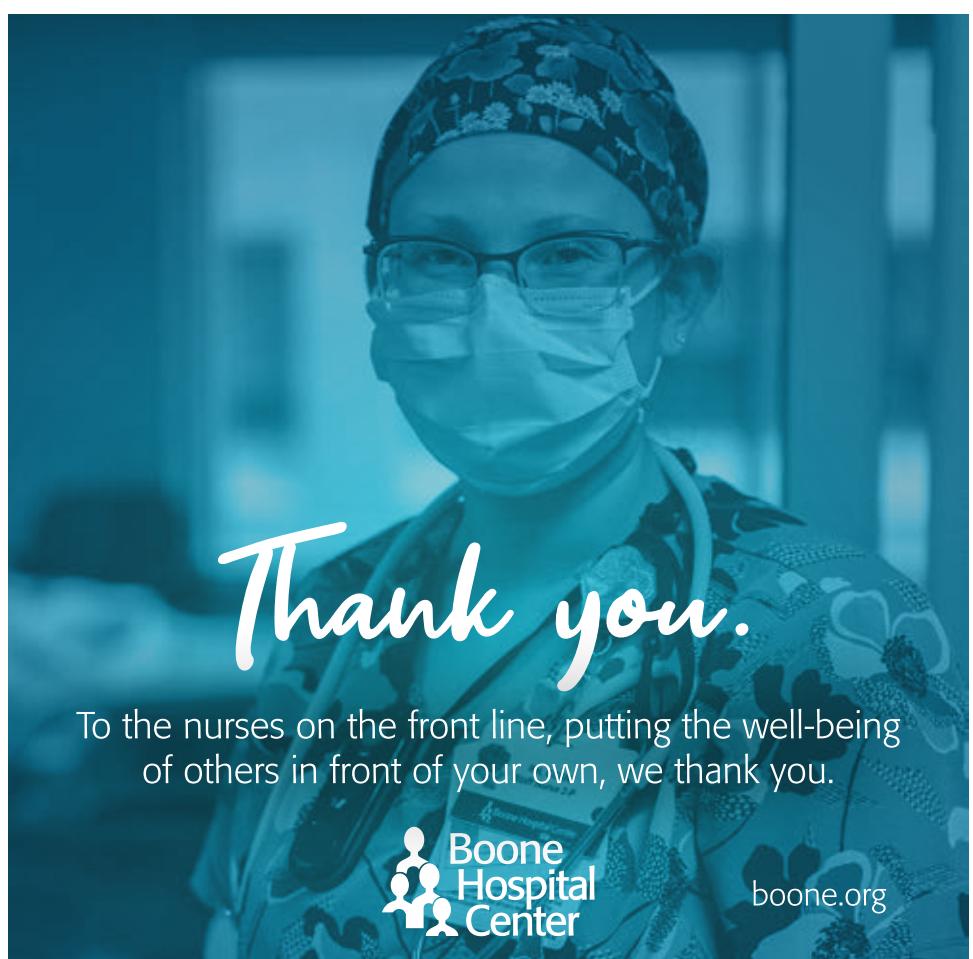
CHICAGO – The NCSBN Board of Directors voted to extend the modified NCLEX Examinations put in place on March 25, 2020, to ensure that candidates for nursing licensure were able to test in an environment that followed CDC guidelines during the COVID-19 pandemic. The modified exams will remain in effect through Sept. 30, 2020.

The time limit of the exam has been shortened to four hours in order to allow the maximum number of candidates to test per day. The pretest items and the special experimental Next Generation NCLEX section have been removed.

In the six weeks since the modified exam has been utilized, no negative impact on the candidates' testing experience or results has occurred. The psychometric integrity of the NCLEX exams has not been compromised in any way and the difficulty levels and passing standards of the exams have not changed.

Following CDC guidelines for social distancing, NCLEX candidates are screened prior to being allowed to test. Likewise, testing center personnel also undergo screening before being allowed to work. The testing centers are thoroughly cleaned and disinfected between each test taker including all objects that candidates interact with or encounter. Candidates and testing center personnel also wear masks while in the center.

FAQs can be found on External Link <https://www.ncsbn.org/14428.htm>. Candidates can schedule testing appointments at External Link [Pearsonvue.com/nclex](https://Pearsonvue.com/nclex).



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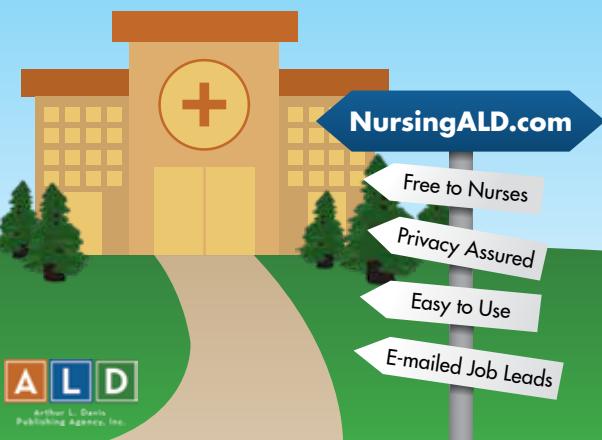
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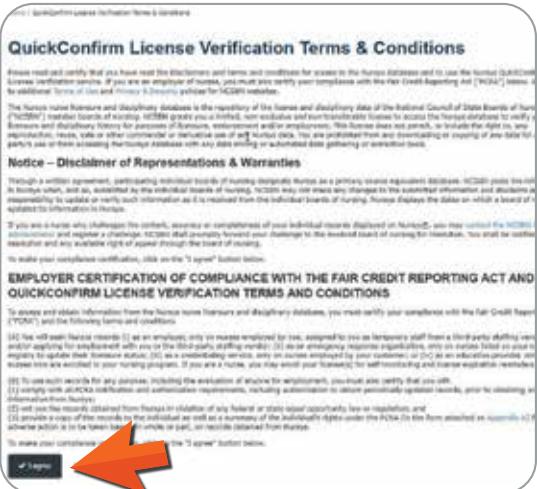
## Nursys QuickConfirm Authorization to Practice Map

Are you a nurse or nurse employer with questions about whether a nurse holds a multistate license, and in which states the nurse may practice? NCSBN's new interactive Nursys Authorization to Practice map is a valuable, free tool to help you answer these questions.

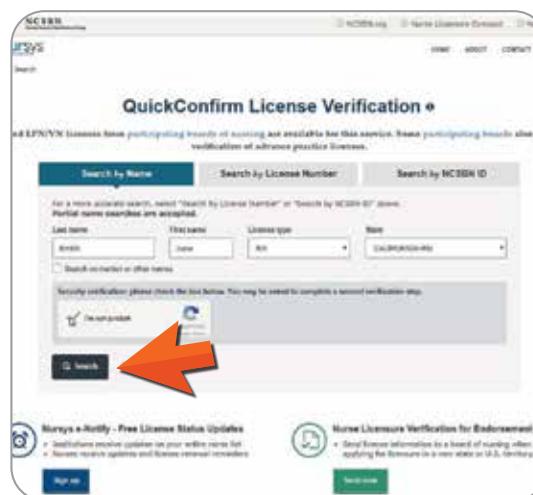
1. Visit [Nursys.com](http://Nursys.com) and click Nursys QuickConfirm



2. Review the Terms & Conditions page and click "I agree."



3. Enter the nurse's Name, License Number or NCSBN ID and click "Search."



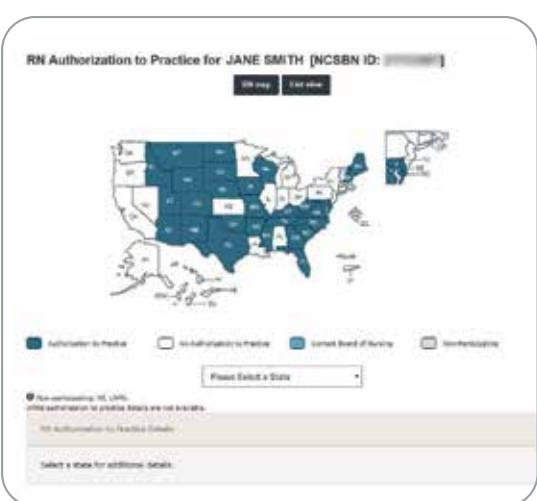
4. Find the nurse and click "View Report."



5. On the License Verification Report page, click "Where can the nurse practice as an RN and/or PN?"



6. View the results.



## Another Valuable Resource

**Nursys e-Notify** is a free notification service for nurses and institutions that provides automated license status updates.

Nurses can sign up to receive license expiration reminders and status updates via email or SMS for all of their licenses from e-Notify participating boards of nursing.

Institutions can enroll their entire nurse list and e-Notify will send regular updates of changes to licenses from e-Notify participating boards of nursing.





## State Board of Nursing [www.pr.mo.gov/nursing](http://www.pr.mo.gov/nursing)

### COVID Brief

#### ADVANCED PRACTICE REGISTERED NURSE (APRN) COLLABORATIVE PRACTICE REQUIREMENTS

Rule 20 CSR 2200-4.200 (2)(B)(2), requires an Advanced Practice Registered Nurse (APRN) and collaborating physician to practice within seventy-five (75) miles by road of one another.

This rule has been suspended to allow a physician and APRN to collaborate, regardless of where the providers are located. It is paramount that our health professionals be able to treat our citizens during this critical time of need. Physicians and nurses serving on the front lines of this outbreak are at risk of infection and some may be unable to treat patients due to quarantine. This will allow our highly skilled and educated health professionals to provide care to our communities when they need it most.

20 CSR 2200-4.200 Subsection (2)(C) is waived for the requirement that the APRN practice with the collaborating physician continuously present for at least a one- (1-) month period of time before practicing in a setting where the collaborating physician is not continuously present.

20 CSR 2200-4.200 (4)(E) is waived relating to the requirement that the collaborating physician or any other physician designated in the collaborative practice arrangement review the APRN's delivery of health care services through a review of a minimum of ten percent (10%) of the charts every fourteen (14) days. This waiver does not include the review of the percentage of cases where the APRN prescribed controlled substances.

#### PRESCRIBING/DISPENSING HYDROXYCHLOROQUINE, CHLOROQUINE AND AZITHROMYCIN

The Missouri State Board of Registration for the Healing Arts and the Missouri Board of Pharmacy have recently received increased reports of prescriptions being issued for hydroxychloroquine, chloroquine and azithromycin for prophylactic purposes in response to the COVID-19 outbreak. As a response to protect the public health and safety, they have issued a joint statement on this issue. You can view their joint statement at [https://pr.mo.gov/boards/nursing/covid-19/JOINT-STATEMENT-III.pdf](http://pr.mo.gov/boards/nursing/covid-19/JOINT-STATEMENT-III.pdf).

*The Board hopes these measures will help to address the increased demand of the nursing workforce in the state needed in response to COVID-19. For the most up-to-date information regarding COVID-19 and the Board, please visit our website frequently. New information will be posted at [https://pr.mo.gov/nursing-covid-19.asp](http://pr.mo.gov/nursing-covid-19.asp) as it becomes available.*



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## What is Missouri DMAT-1?



**Sarah Oerther, MSN, M.Ed., RN, F.RSPH**  
**Team Member Mo DMAT-1 Reserves**  
**Vice President, Missouri Nurses Association**  
**PhD candidate, Trudy Busch Valentine School of**  
**Nursing, Saint Louis University**

Operating since 2006 as a stand-alone, non-profit organization, sponsored by the State of Missouri, the Missouri Disaster Medical Team, or Mo DMAT-1, is part of the National Disaster Medical System (NDMS). As originally established in 1999, the NDMS is a federally coordinated emergency healthcare system including the United States Departments of Health and Human Services (HHS), Homeland Security (DHS), Defense (DoD), and Veteran Affairs (VA). The NDMS provides supplemental health and medical systems and emergency response capabilities to State, local, Tribal and Territorial authorities following disasters. During the spring of 2020, Mo DMAT-1 was deployed to support healthcare systems suffering emergencies related to COVID-19 and the spread of the virus, SARS-CoV-2.

I first became aware of the acute need to serve as part of Mo DMAT-1 when Governor Mike Parson announced

a request for applications during his regular COVID-19 press conference on Friday, April 3. As reported in the news, nearly 1,000 applications were received in response to the Governor's call. Over the weekend, I completed the online application process, and I received my initial offer of acceptance to the Mo DMAT-1 reserves on Tuesday, April 7. After a thorough vetting process, which included verification of my identity, my personal character, my educational background, and my license as a Registered Nurse, on Tuesday, April 14, I received my initial offer to deploy with a "striker team" on Thursday, April 16. From the Governor's call for applications to my first deployment was a whirlwind period of only 13 days.

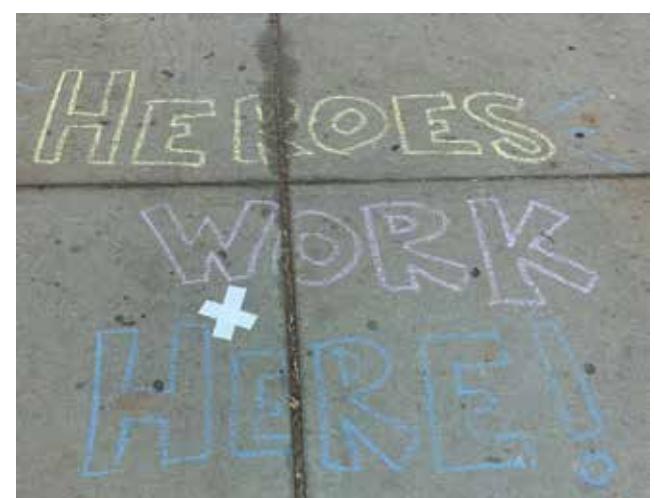
My Mo DMAT-1 deployment included caring for patients at a state-operated psychiatric facility. My patients had previously committed violent crimes, but had been judged unfit for trial and remanded to psychiatric care. For a nurse with nearly twenty years of poison control and pediatric care experience, I experienced a swift transition to psychiatric care of a violent patient population. Needless to say, the challenges of COVID-19, the challenges of the patients, and the challenges of consecutive 12-hour shifts pushed me to near the limits of nursing practice. And I wouldn't change a moment!

For those of you who have experienced the privilege of providing nursing care under extreme conditions, you know that our training as nurses and our professionalism as colleagues are essential to surviving and excelling. I could not be more proud to be a nurse, and I could not be more proud of my Mo DMAT-1 colleagues. To help me to maintain my own health during this challenging deployment, each evening I would send a detailed email to my family and close family friends. And each morning I would treasure the words of encouragement I received in response!

Nursing is the noblest of professions. We advocate on behalf of our patients, and provide exceptional care as professionals with extensive training in science, math, and technology. Nurses know how to serve as part of interprofessional healthcare teams, and we work collaboratively to deliver nursing care. Each day, as I found myself pushed to excel, I realized that the training

I received in the classroom and the clinical, and the evidence-based practice I learned first-hand from my colleagues on the floor, transcended the challenges I faced. Reflexively, my brain called on a deep store of practical nursing knowledge when I experienced opportunity after opportunity to care for challenging patients. And through the entire experience, I felt connected through space and time to the nurses both who have come before me and my nursing colleagues across the State of Missouri and around the world as we responded collectively on the frontlines of COVID-19.

As we each experience different seasons of our nursing careers, I ask you to reflect on how you might push yourself to take on new and different challenges? Nursing is "more than" bedside care, as we have the practical skills to advocate in the boardroom or in the halls of government. As nurses, we have the practical skills to care for the young and the old and everyone in between. During this Year of the Nurse and Midwife 2020, let each of us find ways to continue to grow and pursue excellence as we advance the profession of nursing and nursing care throughout the State of Missouri and beyond.



## Missouri Ombudsman Program

The Missouri Long-Term Care Ombudsman Program within the Missouri Department of Health and Senior Services is made up of a network of volunteers throughout the state. Locally, it is administered by the regional Area Agencies on Aging.

Are you looking for a volunteer opportunity, either before or after retirement? Do you enjoy helping others and giving back to your local community? As an ombudsman volunteer, you would work with residents of nursing homes in your area to listen and help support them in resolving problems they may encounter. You would work as an advocate for them and facilitate communication between residents, family, and the staff.

### Qualifications for Ombudsman Volunteers

- Be at least 18 years of age
- Have good listening and communication skills
- Be objective, sensitive, diplomatic, reliable
- Complete required training and shadowing
- Have transportation
- Pass a background screening

Read more on the ombudsman volunteer page.  
<http://health.mo.gov/ombudsman>

### How do I Volunteer?

1. Complete the online ombudsman form, or
2. Call (800) 309-3282.

## NCSBN Offers Free COVID-19 Courses for Health Care Professionals



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Register at [catalog.icrsnbsn.org](http://catalog.icrsnbsn.org)

# Missouri Nurse: Expertise in Action

The Board of Nursing recently came across an article about a Missouri nurse heroically intervening in an emergency situation she encountered while on a trip to her local post office. After our office reached out, this nurse, Nancy Tappe, BSN, RN, agreed to share her story:



**Nancy Tappe**

"On April 24, I was driving to the local post office to drop off a letter. As I approached a stopped vehicle, I noticed a woman standing outside the car with the driver's door open. At the same time I approached, a police officer had swung his vehicle around in front of me. I stopped to ask if this was a medical issue, the officer said yes. I got out of my car to see if I could assist. There was a man slumped in his seat barely conscious. The passenger, a friend, thought he had a heart history, but was unsure.

I asked if we could get him out of the car. The officer grabbed him under the arms, I pulled his legs and we laid him on the ground. I noticed he had stopped breathing and did not respond to us. A quick carotid check signaled he had no pulse. The officer swept debris (tobacco) out of his airway, CPR was indicated so I began compressions. After the first round, I switched places as the officer took over for about 10 more compressions, the man aroused to the stimulus. An ambulance arrived, I gave them a report and the EMTs took over his care. I got in my car, used the hand sanitizer I carry with me and left to continue my journey to the post office.

When you come upon something like this, your training kicks in. I don't feel heroic, I care about the safety and well-being of others. Besides that it was a team effort. I am so happy I could be there to help and that it was a successful outcome."

After hearing her story, we wanted to learn more about Ms. Tappe and her career as a nurse. She kindly answered our follow up questions:

How long have you been a nurse?

"I graduated with my AAS in 2010 from Lincoln University. I received my BSN, from Maryville University in 2012. In 2009, I began working at our local hospital, Phelps Health, in Rolla, and retired from there in 2017. While still employed at the hospital I worked in other positions as well in home health and as the Assistant Director of a nursing home."

Why did you decide to be a nurse?

"When I was about eight, I attended the pinning of a friend's daughter. I so admired her and her career. That year for Halloween I had gotten a nurse costume and a book called "Nurse Nancy," instantly I was bitten by the nursing bug. I tried several times as an adult to attend nursing school, however, it never worked out for one reason or another.

Fast forward to age 50 when I thought my dream had passed me by. In 2005, a coworker shared with me there was a nursing school that had evening nursing classes, so we signed up, we were accepted and we drove the 70 miles round trip to Nursing School.

In my nursing philosophy paper, I wrote, "I believe God had given me the temperament to be of service to others and to preserve the health and welfare of those in need. I believe I was predestined for nursing."

What do you do now?

"I have been a Nursing Clinical Adjunct for the past three years with East Central College. I also became an Alpaca farmer which takes up the rest of my time."

In these challenging and uncertain times, it is often encouraging to hear of the selfless and heroic acts of nurses across the state. The Board appreciates Nurse Tappe and all of the heroic nurses of our great State of Missouri.



## NLC NURSE & EMPLOYER WEBINARS

Learn More About the NLC!

Registration is available at:

[ncsbn.org/nlcmeetings](http://ncsbn.org/nlcmeetings)

### NLC WEBINAR PRESENTATIONS

Jim Puente (MS, MJ, CAE), Director, Nurse Licensure Compact will lead a series of brief webinars during which he will:



- Provide an overview of the Nurse Licensure Compact.
- Provide an update regarding the status of pending legislation in various states.
- Explain Nursys®, the national nurse licensure database and E-Notify®.
- Understand requirements when changing primary state of residence.
- Answer questions!

### WEBINAR DATES & TIMES

**May 19, 2020**

**June 23, 2020**

**July 14, 2020**

**August 25, 2020**

**September 8, 2020**

**October 20, 2020**

**November 10, 2020**

All webinars begin at 2 pm CT and will last 30-60 minutes.

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## NEW NURSING NEWSLETTER DESIGN

- Nursing is now taking our newsletter digital!
- Be on the lookout for this new style and layout coming next issue - January 2021.
- Beginning January 2021, our newsletter will only be accessible online.
- You will be notified via a GovDelivery email from DCI@dci.mo.gov when the digital newsletter is ready to be viewed
- Subject line will read: BOARD OF NURSING NEWSLETTER READY TO VIEW



**WORK  
WITH  
INTEGRITY**





# A Nurse's Guide to the Use of Social Media

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The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Individuals use blogs, social networking sites, video sites, online chat rooms and forums to communicate both personally and professionally with others. Social media is an exciting and valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by a court of law even when it is long deleted.

Nurses are welcome to use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses can positively use electronic media to share workplace experiences, particularly those events that are challenging or emotionally charged, but it is imperative not to mention patients by name or provide any information or details that could possibly identify them in order to protect patients' right to privacy.

A nurse must understand and apply these guidelines for the use of social media.

## SOCIAL MEDIA IN THE WORKPLACE

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Social media provides nurses with a way to express their feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice are recognized as effective tools in nursing practice, and the Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information, and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of these policies often address personal use of employer computers and equipment, personal computing during work hours, and the types of websites that can be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media to discuss workplace issues outside of work on home computers, personally owned phones and other handheld electronic devices. It is in this context that the nurse may face potentially serious consequences for the inappropriate use of social media.

*Jamie has been working in hospice care for the last six years and one of her patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, Maria posted about her depression. As her nurse, Jamie wanted to provide support, so she posted, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her to ask about Maria's condition. "I saw your post yesterday. I didn't know you were taking care of Maria," the friend said. "I hope that new medication helps with her pain."*

This is an example of a violation of confidentiality through social media. While Jamie had Maria's best intentions at heart by trying to offer her words of support, she inadvertently disclosed information about a patient on a social media site. Everyone who read that post now knows about Maria's medication and increase in morphine, violating her right to privacy and confidentiality. Instances of inappropriate use of electronic media by nurses such as this have been reported to boards of nursing (BONs) and, in some cases, to the media.

## CONFIDENTIALITY AND PRIVACY

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context.

Confidentiality and privacy are related, but distinct concepts:

- Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse.
- Such information may only be disclosed to other members of the health care team for the purpose of providing care for the patient.
- Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions, a nurse is obligated to safeguard confidential information.

*As a licensed practical nurse for more than 20 years, Bob knew the importance of safeguarding a patient's privacy and confidentiality. One day, he used his personal cell phone to take photos of Claire, a resident in the group home where he worked. Bob received permission from Claire's brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Bob ran into William, a former employee of the group home. While catching up, he showed William the photo of Claire and discussed her condition with him. The administrator of the group home later learned of Bob's actions and terminated his employment for breach of confidentiality.*

Bob thought it was okay for him to take Claire's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss Claire's condition because William previously worked with Claire. So why was this behavior wrong? Because, first, merely asking Claire's brother for permission is not obtaining a valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though Bob made an honest mistake, confidentiality rules must be strictly enforced to protect a patient's right to privacy.

Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse/patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the nurse/patient relationship and the general trustworthiness of the profession of nursing.

## Privacy is the patient's expectation to be treated with dignity and respect. Confidentiality is safeguarding patient information.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients.

*Emily, a 20-year-old nursing student, wasn't aware of the potential repercussions that could occur when she took a photo of Tommy, a 3-year-old leukemia patient in a pediatric unit, on her personal cell phone.*

*When Tommy's mom went to the cafeteria, Emily asked him if she could take his picture, and Tommy immediately said yes. Emily took his picture as she wheeled him into his room. She posted Tommy's photo on her Facebook page with this caption: "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy! He is the reason I am so proud to be a nurse!" In the photo, Room 324 of the pediatric unit was visible. Days later, the dean of the nursing program called Emily into her office. A nurse from the hospital found the photo Emily posted of Tommy on Facebook and reported it to hospital officials who also contacted Emily's nursing program.*

While Emily never intended to breach the patient's confidentiality, the hospital faced a HIPAA violation. From Emily's post, people were able to identify Tommy as a cancer patient and the hospital where he was receiving treatment. School officials expelled Emily from the nursing program for breaching patient confidentiality and HIPAA violations. The nursing program was also barred from using the pediatric unit for their students. Emily's innocent, yet inappropriate, action of posting a patient's photo had repercussions for her, the nursing program and the hospital.

But what if Emily removed the photo hours later? If it's taken down, no harm, no foul, right? No. Anything that exists on a server is there forever and could be retrieved later, even after deletion; therefore, it would still be discoverable in a court of law. Further, someone could have taken a screenshot of her Facebook page and posted it on a public website. Patient information and photos should never be posted on social media websites. Even after being deleted, the photo is still on a server and possibly posted somewhere else on the Internet.

## POTENTIAL CONSEQUENCES

As we've seen with Jamie, Bob and Emily, potential consequences for inappropriate use of social and electronic media by nurses vary. Consequences depend, in part, on the particular nature of the nurse's conduct.

Instances of inappropriate use of social and electronic media may be reported to the BON. Laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media sites by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals);
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability and be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a lawsuit or regulatory consequences.

## SOCIAL MEDIA'S IMPACT ON PATIENT SAFETY AND CARE

Another concern arising from social media misuse is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute lateral violence.

Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet. This is sometimes referred to as "cyberbullying." Such activity is a cause for concern for current and future employers, and regulators because they negatively affect team-based care, thus creating patient-

safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined.

### ... negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Nonetheless, negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

### COMMON MYTHS AND MISUNDERSTANDINGS OF SOCIAL MEDIA

While instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media, including:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others.
- A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. The patient can still be identified so this too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself or herself and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content.

### HOW TO AVOID DISCLOSING CONFIDENTIAL PATIENT INFORMATION

With awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Nurses must not share, post or otherwise disseminate any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient care-related need to disclose the information or other legal obligations to do so.
- Nurses must not identify patients by name, or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Nurses must not refer to patients in a disparaging manner, even if the patient is not identified.
- Nurses must not take photos or videos of patients on personal devices, including cell phones. Nurses should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices.
- Nurses must maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.<sup>1</sup> Nurses must consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Nurses must promptly report any identified breach of confidentiality or privacy.
- Nurses must be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices, and use of personal devices in the workplace.

- Nurses must not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Nurses must not post content or otherwise speak on behalf of the employer unless authorized to do so, and must follow all applicable policies of the employer.

<sup>1</sup> Nurses may want to consult NCSBN's "A Nurse's Guide to Professional Boundaries" for more information on this issue.

### Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment.

### CONCLUSION

Social media has tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording nurses a valuable opportunity to interface with colleagues from around the world. Nurses need to be aware of the potential consequences of disclosing patient-related information via social media, and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social media without violating patient privacy and confidentiality.

### NCSBN SOCIAL MEDIA RESOURCES

NCSBN offers additional resources pertaining to social media including the "Social Media Guidelines for Nurses" video, at [ncsbn.org](http://ncsbn.org) that highlights guidelines for nurses and nursing students for using social media responsibly. This video summarizes key points of these guidelines along with dramatization of potential scenarios of inappropriate social media use.

### THE NURSE'S CHALLENGE

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the patient.

To find the board of nursing in your state/territory, visit [ncsbn.org/contactbon](http://ncsbn.org/contactbon). To order additional copies of this brochure, visit [ncsbn.org/order](http://ncsbn.org/order).

## Indiana Implements the Nurse Licensure Compact

On July 1, 2020, Indiana will join 33 other states in implementing the Nurse Licensure Compact (NLC).

FOR IMMEDIATE RELEASE  
Media Contact: Dawn M. Kappel  
Director, Marketing & Communications  
312.525.3667 direct  
dkappel@ncsbn.org

CHICAGO – On July 1, 2020, Indiana will join 33 other states in implementing the Nurse Licensure Compact (NLC). The NLC allows registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs), whose primary state of residence is in an NLC state, to hold one multistate license, with the authority to practice in person or via telehealth, in both their home state and other NLC states.

"The NLC presents innovative ways for our Indiana nurses to improve both access to care for patients, while simultaneously reducing the regulatory burden on licensees. This is also great news for nurses who already hold a multistate license from another NLC state, because, as of July 1, 2020, they will be able to practice in Indiana, in person or via telehealth. Our staff looks forward to working with stakeholders to ensure that all Hoosiers, both providers and patients, are fully informed about the dynamic changes on the horizon," comments Toni Herron, RN, CHEP, NLC Commissioner, Indiana State Board of Nursing.

Key points for nurses residing in Indiana:

- The NLC will become operational in Indiana on July 1, 2020. Nurses who currently hold an Indiana RN or LPN license may apply to convert their existing Indiana license to a multistate license beginning July 1.
- The conversion application will be available on the Indiana State Board of Nursing website starting July 1.
- It is not necessary for Indiana license holders to wait until their renewal period in order to apply for the multistate license.
- New graduates of nursing programs who are Indiana residents may apply for licensure from the Indiana State Board of Nursing and can choose to pursue a multistate license.
- Once a nurse is issued a multistate license, the nurse may stop renewing any license held in another NLC state.

The NLC allows for greater nurse mobility, public protection, and access to care. It enables nurses to provide telehealth nursing services to patients located in other NLC states without having to obtain additional licenses. In the event of a disaster, nurses from multiple states can easily respond to supply vital services in other NLC states. Primary care nurses, nurse case managers, transport nurses, school home health and hospice nurses, among many others, need to routinely cross state boundaries to

provide the public with access to nursing services, and a multistate license facilitates this process.

Licensure requirements are aligned in NLC states, so all nurses applying for a multistate license are required to meet those same standards, including submission to federal and state fingerprint-based criminal background checks.

### About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not individual members.

For more information, please visit <https://www.in.gov/pla/nursing.htm>.

For general information about the NLC, visit [www.ncsbn.org/nlc](http://www.ncsbn.org/nlc).

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by participating boards of nursing (BONs) and designated by them to be primary source equivalent. Once you have registered your organization and provided nurse data, you'll **automatically** be notified of nurse licensure expirations, upcoming renewals and any discipline action from your state and others. It's all free of charge, provided as a patient safety initiative by U.S. BONs and NCSBN.

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*National Council of State Boards of Nursing*

# Disciplinary Actions\*\*

The disciplinary actions shown in this newsletter are for the time period of March 1, 2020 to May 31, 2020

## CENSURE

### Orf, Crystal Dianne

O Fallon, MO

### Registered Nurse 2008026394

On March 26, 2019, Licensee's co-worker gave her fluids by IV. Licensee did not have a physician order, nor was she registered as a patient of the facility. Facility supplies were utilized. Censure

### Tibbetts, Jackie A

Omaha, AR

### Licensed Practical Nurse 038872

Licensee's license expired on May 31, 2018. Licensee practiced nursing in Missouri without a license from June 1, 2018 to March 10, 2020. Censure

### Magrew, Melissa L

O Fallon, MO

### Registered Nurse 20000159449

On March 26, 2019, Licensee administered an IV on a co-worker. Licensee admitted to pulling the normal saline from the Pyxis under a patient's name, then canceling it in the Pyxis. Licensee admitted to administering 1 L of normal saline to the coworker, who was not a registered patient of the facility and did not have a physician order. Licensee used facility supplies to administer the fluids. Censure

### Garner, Julie Mornay

St Louis, MO

### Registered Nurse 2008007719

Licensee's license was suspended from January 24, 2018 to May 30, 2018. Licensee did not disclose her suspension and continued to work as a registered professional nurse for a total of thirty-four (34) shifts between January 24, 2018 and May 30, 2018, with a suspended nursing license. Censure

### Whitman, Tonya Lynn

Marthasville, MO

### Licensed Practical Nurse 2001027091

Licensee was issued a company credit card to purchase items that were unable to be purchased through the facility's medical supply company. As part of her job, she was authorized to purchase some items for the facility from Amazon. Since the facility did not have its own Amazon account, Licensee used her personal Amazon account for the facility's purchases and was authorized to charge those to the company credit card. Per company policy, any time Licensee used the company credit card she was required to turn in the receipts to the business manager to support any purchases. When an audit was conducted of the credit card transactions, there were several charges without corresponding receipts. The facility requested Licensee to produce receipts to support purchases made using the company credit card. Instead of actual receipts, Licensee produced a Word document of transactions. In further reconciling the transactions, the facility questioned the authenticity of the documents provided by Licensee. Licensee then indicated her boyfriend had accidentally made personal purchases on the company credit card with Amazon. Although Licensee claimed it was an accident that the facility's card was billed instead of her personal credit card, she admitted that because she feared for her job, she had not been immediately honest and had instead tried to cover up the mistake by using the Word receipts and then buying products for the facility using her own money. Censure

## PROBATION

### Pierce, Melanie Elizabeth

Wappapello, MO

### Licensed Practical Nurse 2001011903

Respondent failed to check in with NTS on twenty-nine days and failed to check-in within the time window on four occasions. Respondent failed to report to a collection site to provide a sample for testing on January 15, 2018, and January 26, 2018.

On September 22, 2017, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading of 16.4. The Board did not receive the update of treatment evaluation by the documentation due date of January 3, 2020.

Probation 05/06/2020 to 05/06/2024

### Sanchez, Heather Mishele

Branson, MO

### Licensed Practical Nurse 20200007611

On September 14, 2016, Applicant pled guilty to the class C felony of Possession of Controlled Substance Except 35 Grams or Less Of Marijuana, in violation of §195.202 RSMo, in the Circuit Court of Stone County, Missouri, in case number 16SN-CR00390-01. Applicant was given a suspended imposition of sentence with five (5) years supervised probation.

Probation 03/02/2020 to 03/02/2022

### Jamison, Judy K

Saint Louis, MO

### Registered Nurse 071354

In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent was advised by UPS Ground to attend a meeting with the Board's representative on April 30, 2019. Respondent did not attend the meeting or contact the Board to reschedule the meeting. The Board did not receive any employer evaluations or statements of unemployment by the documentation due dates of July 26, 2019, and October 28, 2019.

Probation 04/03/2020 to 04/03/2021

### Sprague, Kathrine Louise

Pleasant Valley, MO

### Registered Nurse 2010025309

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 4, 2019; October 4, 2019; and January 6, 2020. The Board did receive an employer evaluation on October 18, 2019.

Probation 05/14/2020 to 05/14/2023

### Gooch, George Ann

Neosho, MO

### Licensed Practical Nurse 041595

Licensee practiced nursing in Missouri without a license from June 1, 2016, through October 3, 2019.

Probation 03/21/2020 to 03/21/2021

### Miller, Kimber L

Cape Girardeau, MO

### Registered Nurse 148873

Licensee practiced nursing in Missouri without a license from May 1, 2017 through December 11, 2019.

Probation 03/09/2020 to 03/09/2021

**PROBATION continued on page 12**



You can **play outside** when you're at the hospital.

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PEDIATRIC BRIDGE HOSPITAL

# Disciplinary Actions\*\*

## PROBATION continued from page 11

### Gunter, Jennifer Amanda

Mountain Grove, MO

#### Licensed Practical Nurse 2020009316

On August 28, 2001, Applicant pled guilty to the class A misdemeanor of passing bad checks in the Circuit Court of Oregon County, Missouri. On September 5, 2001, Applicant pled guilty to the class A misdemeanor of stealing in the Circuit Court of Howell County, Missouri. On October 1, 2013, Applicant pled guilty to the class B felony of bank fraud and to filing a false tax return in the United States District Court for the Western District of Missouri. She received a sentence of imprisonment for a total term of forty-six (46) months on count 1 and thirty-six (36) months on count 2, to be served concurrently. Applicant has been released from prison and began a five (5) year period of supervised release on January 12, 2018. Probation 03/16/2020 to 03/16/2024

### Caddell, Jessica Marie

Perryville, MO

#### Licensed Practical Nurse 2008011247

On June 7, 2019, Respondent pled guilty to the class D felony of possession of a controlled substance. Respondent possessed methamphetamine, a controlled substance. Probation 04/23/2020 to 04/23/2025

### Stephens, Briana Nicole

Cassville, MO

#### Registered Nurse 2012010807

On May 30, 2017, Respondent and the Texas Board of Nursing entered into an Agreed Order stipulating that Respondent's privilege to practice in Texas was subject to final disciplinary action due to Respondent failing to accurately document the administration or waste of multiple medications. On February 27, 2018, Respondent pled guilty to the class B misdemeanor of Excessive Blood Alcohol Content, in the Circuit Court of Greene County, Missouri. On April 12, 2019, Respondent pled guilty to the class E felony of Leaving the Scene of an Accident - Property Damage Exceeding \$1000, and the class B misdemeanor of Driving While Intoxicated, in the Circuit Court of Greene County, Missouri. On July 2, 2019, Respondent pled guilty to the class B misdemeanor of Driving While Intoxicated for events occurring on or about April 30, 2018, in the Circuit Court of Jasper County, Missouri. On July 2, 2019, Respondent pled guilty to the class B misdemeanor of Driving While Intoxicated for events occurring on or about March 23, 2019, in the Circuit Court of Jasper County, Missouri. Probation 05/06/2020 to 05/06/2025

### Keely, Yolanda Yvette

St. Louis, MO

#### Licensed Practical Nurse 2010033484

On October 15, 2019, Respondent met with Director of Compliance, Janet Wolken, via telephone conference to review the terms of Respondent's discipline. Prior to the meeting, Ms. Wolken sent Respondent a copy of the meeting summary outlining the terms of discipline and all due dates for the entirety of the discipline to the address provided by Respondent. At the end of the meeting, Respondent was to sign the meeting summary and return a copy to Ms. Wolken. The Board has never received a signed copy of the meeting summary from the meeting held on October 15, 2019. The Board did not receive the Contact and Change of Information form as of the filing of the Complaint, and thus, the Board was not notified of Respondent's current place of employment nor of a change of employment. Respondent was hired on July 16, 2019. Respondent did not inform the facility that her nursing license was on probation on or after October 15, 2019, and did not provide a copy of the Agreement to management. Probation 04/06/2020 to 04/06/2023

### Benfield, Marilyn Rose

Bonne Terre, MO

#### Registered Nurse 2000158988

From August 1, 2017, until the filing of the Complaint, Respondent checked in outside of the required time window on seven (7) days. Further, on August 24, 2017, and May 22, 2018, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two (2) occasions, May 28, 2019, and November 18,

2019, Respondent reported to a lab and submitted the required sample. Those samples showed a low creatinine reading. On September 24, 2019, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.

Probation 04/17/2020 to 04/17/2023

### Swartz, Justin Michael

Blue Springs, MO

#### Registered Nurse 2005027494

Licensee called in, over a fifteen month period, three (3) narcotic and nineteen (19) non-narcotic prescriptions for himself and two (2) prescriptions for his wife under the name of Licensee's collaborating physician. Licensee used the personal DEA number of the collaborating physician to call in the prescriptions. The physician denied having any knowledge of the prescriptions Licensee called in for Licensee and Licensee's wife. When questioned, Licensee admitted to the allegations.

Probation 05/02/2020 to 05/02/2023

### Evans, Kathy J

Smithville, MO

#### Registered Nurse 123418

Based upon discussion with a Respiratory Therapist, Respondent discontinued a patient's BiPap and administered four (4) liters of oxygen via nasal cannula. Respondent prepared an order memorializing this change in oxygen delivery for the doctor to sign, which was the ordinary course in the field, but, days after the patient died, the doctor refused to sign the order. Respondent admitted to documenting an order for oxygen that was not yet authorized by a physician. Probation 05/06/2020 to 05/06/2023

### Critz, Rhonda R

Rolla, MO

#### Registered Nurse 139190

A photograph was taken of the Licensee sleeping while on duty on June 29, 2019, while caring for a 35-week old level II infant with respiratory issues. Licensee failed to adequately document care for the infant for approximately six hours during this shift. There were reports from staff that this was not the first time Licensee was sleeping on duty. Probation 03/25/2020 to 03/25/2022

### Richey, Linda Marie

Columbia, MO

#### Registered Nurse 2003018049

Licensee failed to clean a patient after finding that the patient had soiled the bed. Additionally, Licensee did not change gloves between touching the patient's wet gown and touching the patient's face and doing oral care. Probation 05/29/2020 to 05/30/2020

### Lyon, Amber Nicole

Richmond, MO

#### Registered Nurse 2011036431

On December 12, 2018, Respondent pled guilty to two (2) counts of the class D felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana/Synthetic Cannabinoid.

Probation 04/14/2020 to 04/14/2025

### Benz, Stefani Elaine

Saint Louis, MO

#### Registered Nurse 2011004521

From June 12, 2019, until the filing of the Complaint, Respondent failed to check in with NTS on two (2) days and missed the time window to check in on four (4) days. The Board did not receive an update of treatment evaluation by the documentation due date of August 14, 2019.

Probation 04/13/2020 to 04/13/2023

### Raczkowski, Julie A

Saint Joseph, MO

#### Registered Nurse 134589

Licensee recorded progress notes for treatment provided to a client on April 29, 2019. Licensee was paid \$66.30 in wages and expenses for this visit. It was discovered this client was transferred to another facility on April 11, 2019, and died on April 22, 2019.

Probation 04/07/2020 to 04/07/2021

### Carder, Andrea Ellen

Rock Port, MO

#### Registered Nurse 2003016052

On October 17, 2019, Respondent entered into an Agreed Settlement with the Nebraska Department of Health and Human Services (DHHS), which became final disciplinary action effective in an adopting Order issued on October 29, 2019. Respondent and the Nebraska DHHS entered into the Agreed Settlement due to Respondent admitting that she stole Nubain (Nalbuphine) from her employer and injected it while on duty. Respondent was also convicted of four counts of Theft by Unlawful Taking \$0-\$500, related to her theft of Nubain.

Probation 05/29/2020 to 05/29/2025

### Stepp, Amy S

O Fallon, IL

#### Registered Nurse 2005007603

From January 26, 2018, until the filing of the Complaint, Respondent failed to check in with NTS on three days and missed the check in time window on three other days. On July 18, 2018, September 5, 2019, and December 13, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On October 4, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Ritalin. Respondent does not have a current, valid prescription for Ritalin. Respondent did not provide proof of attendance at support group meetings due March 22, 2018, and June 22, 2018, until July 2, 2018. Probation 04/16/2020 to 04/16/2025

### Walsh, Tammy L

Eureka, MO

#### Registered Nurse 153592

Licensee admitted to taking Benadryl and Zofran from her workplace for over the period of a month for her own personal use.

Probation 04/16/2020 to 04/16/2023

### Williams, Kevin J

Saint Joseph, MO

#### Registered Nurse 132357

On April 26, 2019, the Florida State Board of Nursing took final disciplinary action and issued its Final Order suspending the Florida nursing license of Respondent until Respondent underwent an evaluation coordinated by the Intervention Project for Nurses (IPN). The Florida Board issued this Order due to Respondent being terminated from IPN due to noncompliance.

Probation 04/13/2020 to 04/13/2025

### Fredendall, Beth Ann

Saint Charles, MO

#### Registered Nurse 151133

On or about May 21, 2019, Respondent pled guilty to the class D Felony Stealing-Controlled Substance, in violation of §570.030, RSMo., in the Circuit Court of St Louis County, Missouri, in case number 18SL-CR02925-01. Probation 04/21/2020 to 05/05/2020

### Emanuel, Jacob E

Farmington, MO

#### Registered Nurse 2017020897

Licensee failed to perform physical assessments on five (5) of the ten (10) patients assigned to him. Licensee fabricated the content of the assessment data that was documented for the five (5) patients that he failed to assess. Additionally, Licensee failed to take actual vital signs on all ten (10) patients. Licensee fabricated the content of the vital sign data that is documented in the patients' charts. When questioned, Licensee admitted to not physically assessing the patients and making up the vital signs.

Probation 03/04/2020 to 03/04/2022

### Schimmelpfennig Waldo, Donna

Saint Louis, MO

#### Registered Nurse 087953

On October 23, 2019, Respondent entered a guilty plea to the offense of Making and Presenting False Claims to the United States, in violation of 18 U.S.C. §287, in the United States District Court, Eastern District of Missouri.

Probation 05/12/2020 to 05/12/2022

# Disciplinary Actions\*\*

## McBroom, Delacey Jo

West Plains, MO

### Licensed Practical Nurse 2009003589

On September 7, 2018, Respondent pled guilty to the class C felony of Possession of Controlled Substance Except 35 Grams or Less of Marijuana.

Probation 04/23/2020 to 04/23/2025

## Sauceman, Nicole Marie

Greenwood, MO

### Registered Nurse 2011022096

On or about February 27, 2020, Licensee learned her license had expired on April 30, 2017. Licensee informed her employer, Abbott eScreen, on February 27, 2020, and was removed from her nursing position until the Board renewed her license. Licensee practiced nursing in Missouri without a license from May 1, 2017, through February 27, 2020.

Probation 05/14/2020 to 05/14/2021

## Braun, Christina Lynn

Ballwin, MO

### Registered Nurse 2008007237

Licensee failed to disclose the Settlement Agreement to the hospital during her interview or hiring process. Additionally, licensee failed to be compliant regarding the quarterly Employment Status Reports and received corrective disciplinary action at the hospital on three separate occasions.

Probation 05/08/2020 to 05/08/2025

## REVOCATION

## Pittman, Lynne Ranae

Barnard, MO

### Licensed Practical Nurse 2009027704

On June 3, 2018, Respondent was the charge nurse on duty and discovered resident JC unresponsive. JC's medical records listed him as "full code." Respondent performed two sets of compressions, with no pulse. At no time did Respondent perform rescue breaths. Respondent stopped her rescue efforts after two sets of chest compressions, pronounced JC deceased, and notified JC's wife.

Revoked 04/08/2020

## Christianson, Paul Edward

Crane, MO

### Licensed Practical Nurse 2014018413

On or about December 2, 2019, Respondent pled guilty to the class C felony of Sexual Abuse - 1st Degree, in violation of §566.100, RSMo., and the class A misdemeanor of Sexual Conduct with a Nursing Facility Resident or Vulnerable Person - 1st Degree, in violation of §566.115, RSMo., in the Circuit Court of Stone County, Missouri, in case number 18SN-CR00938-01. Respondent was sentenced to seven (7) years of incarceration in the Missouri Department of Corrections. The victims were residents in a residential mental health facility where Respondent worked as a nurse.

Revoked 04/08/2020

## Fry, Chastity Ann

Kansas City, MO

### Licensed Practical Nurse 2002027756

A co-worker observed that Respondent's breath smelled of alcohol, she was speaking loudly, and she witnessed

Respondent taking multiple, long breaks in her car while working her shift and alerted the facilities DON. On November 14, 2016, the DON requested Respondent submit to a Breath/Alcohol Test. Respondent submitted to the test at 15:12:00 with a positive result with a 0.159 blood alcohol level. Respondent took a second test at 15:29:05 and this sample was returned positive with a 0.153 blood alcohol level.

Revoked 05/05/2020

County, Missouri. Respondent had power of attorney for her mother, who was living in assisted living, and handled her mother's financial affairs. Respondent stole approximately \$198,670.90 from her mother.

Revoked 04/24/2020

## Bone, Nicole Marie

Warrenton, MO

### Registered Nurse 2011021496

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of March 13, 2019; June 13, 2019; and September 13, 2019. Respondent was advised by UPS to attend a meeting with the Board's representative on September 25, 2018. Respondent did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours covering the following categories: Righting a Wrong-Ethics and Professionalism in Nursing; Professional Accountability and Legal Liability for Nurses; Missouri Nursing Practice Act; Disciplinary Actions: What Every Nurse Should Know; Medication Administration modules 1-4; and Pain Management, and have the certificate of completion for all hours submitted to the Board by September 13, 2019. As of the filing of the Complaint, the Board had not received proof of any completed hours.

Revoked 04/03/2020

## Lee, Valarie Jean

Grant City, MO

### Registered Nurse 2007024506

On July 25, 2017, Respondent pled guilty to the class C felony of Theft/Stealing (Value of Property or Services is \$500 or more but less than \$25,000), in the Circuit Court of Buchanan County, Missouri.

Revoked 04/24/2020

## Basler, Kimberly A

Atlanta, MO

### Licensed Practical Nurse 057558

On or about April 9, 2018, Respondent pled guilty to the class A misdemeanor of Theft/Stealing (Value of Property or Services is Less Than \$500), in the Circuit Court of Boone County, Missouri. Respondent was sentenced to 60 days incarceration, with the execution of sentence suspended pending successful completion of two (2) years of unsupervised probation with conditions.

Revoked 04/03/2020

## Ives, Nicole Marie

De Soto, MO

### Licensed Practical Nurse 2010037179

On or about July 24, 2019, the Board received a complaint from the Director of Nursing at a nursing home reporting the resignation in lieu of termination of Respondent due to questions about Respondent's administration of narcotics. The complaint reported that Respondent signed out an oxycodone 5mg at 1930 and two (2) oxycodone 10mg at 2300 but did not enter any residents' rooms during her shift. Respondent signed out the oxycodone pills on the Controlled Drug Records but did not enter administration or waste on the Medication Administration Record. The

**REVOCATION continued on page 14**

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# Disciplinary Actions\*\*

## REVOCATION continued from page 13

resident under whom Respondent signed out the two (2) oxycodone pills only had an order to receive one (1) pill. Respondent left work at 1959, approximately two hours prior to the time she indicated having signed out the two 10 mg oxycodone. When questioned about the discrepancy, Respondent denied diverting medication and resigned her position with the nursing home.

Revoked 04/03/2020

### Dunham, Cheri L

Quincy, IL

#### Registered Nurse 2008028452

Pursuant to the Order, Respondent was required to meet with Board representatives to review the requirements of her probation. Respondent was notified by certified mail, delivered on April 5, 2019, that she was required to meet with the Director of Compliance on April 16, 2019. Respondent failed to appear as directed. The Board did not receive employment status reports by the quarterly due dates of July 1, 2019; October 1, 2019; and January 1, 2020. Pursuant to the Order, Respondent was required to not allow her license to lapse. Respondent's license lapsed on April 30, 2019, and remained lapsed as of the filing of the complaint.

Revoked 04/03/2020

### Oribioye (Nonekuone), Elizabeth Otsaye

Conyers, GA

#### Registered Nurse 2012038070

In 2010 and 2011, Nonekuone applied to take and failed the NCLEX. Nonekuone passed the NCLEX in 2012. Nonekuone was a foreign-educated applicant. As part of Nonekuone's 2012 repeat examination application to the Board for licensure, she submitted a diploma to the Board, which stated that she attended the Universite and graduated in 2007. Nonekuone also listed on her application that she attended the Universite from 2004-2007. Nonekuone was allowed to take the NCLEX based on an education evaluation by CGFNS showing that her education was equivalent to that of a registered nurse in the United States. On August 31, 2010, Nonekuone provided the Board with an attestation that all of her coursework at the Universite was taught in English. On Nonekuone's 2010, 2011 and 2012 exam applications, she attested that all of "the statements herein are strictly true in every respect; that I have complied with all requirements of the law[]." CGFNS received information showing that the Initial Transcripts as re-verified were fraudulent because of a discrepancy in the reported language of instruction at the Universite. Accordingly, CGFNS could not report that Nonekuone had received theoretical instruction and clinical practice hours at the Universite comparable to that of a first level (registered) nurse in the United States. The Universite was only authorized to teach in French and Creole until December 24, 2010, when it received authorization to teach in English and French. The official language of instruction

in all educational programs for health professionals in Haiti is French. If the Board had known that the documents sent on behalf of Nonekuone were fraudulent, it would not have approved and allowed her to take the NCLEX.

Revoked 04/01/2020

### O'Dell, Karen Nadine

Branson, MO

#### Licensed Practical Nurse 2008025611

From October 12, 2017, until the filing of the Probation Violation Complaint, Respondent failed to check in with NTS on three days and checked in outside of the required time window on six days. Further, on January 14, 2019, and February 1, 2019, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. On October 31, 2018, Respondent was selected for testing. She did not submit to NTS-approved testing so was deemed a no-show. On August 9, 2018, Respondent checked in outside the required time window with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on August 9, 2018. On December 8, 2017, the low creatinine reading was 6.1. Respondent's creatinine reading was 11.2 for the May 21, 2018 sample. A creatinine reading below 20.0 is suspicious for a diluted sample. On October 28, 2019, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of phentermine. Respondent did not have a current, valid prescription for Phentermine.

Revoked 04/01/2020

### Steadman, Hannah Joy

Bullhead City, AZ

#### Registered Nurse 2015001611

On November 1, 2019, Respondent entered into a Consent Order with the Illinois Department of Financial and Professional Regulation (Department) that became effective on December 4, 2019. Respondent stipulated her Illinois nursing license was subject to discipline as a result of failing to chart the administration of controlled substances she withdrew and testing positive for controlled substances at a facility in Arizona and being placed in an alternative to discipline program in that state. Pursuant to the agreement between Respondent and the Department, Respondent's Illinois nursing license was placed on indefinite probation, for a minimum of two (2) years under specified monitoring terms.

Revoked 05/12/2020

### Hoskins, Michelle Brooke

Hannibal, MO

#### Licensed Practical Nurse 2011032457

On her 2018 license renewal, Respondent reported to the Board that, in March 2018, she admitted to the Missouri Division of Family Services that she had been using methamphetamine for approximately four (4) months from December 2017 to March 2018. On or about June 8, 2018, Respondent received a psychological evaluation where she was diagnosed with Adjustment Disorder with depressed mood and Stimulant Use Disorder, Amphetamine-type substance, mild, in early remission.

Revoked 04/13/2020

### Jones, Chastity Lynn

Saint Peters, MO

#### Registered Nurse 2009028300

On or about August 22, 2018, Respondent pled guilty to eight (8) counts of the class B felony of Dist/Del/Manf/Produce or Attempt to or Possess with Intent to Dist/Del/Manf/Produce a Controlled Substance.

Revoked 05/06/2020

### Prock, Michael Eric

Lebanon, MO

#### Registered Nurse 2003002504

On February 11, 2019, Respondent pled guilty to the class D misdemeanor of Unlawful Possession of Drug Paraphernalia.

Revoked 05/06/2020

### Engle, Salome A

Ballwin, MO

#### Registered Nurse 086121

On November 7, 2019, Respondent entered into an Agreed Settlement (Settlement) with the Nebraska Department of Health and Human Services that became final disciplinary action against Respondent's nursing license effective on November 27, 2019.

Revoked 04/13/2020

### Irmen, Jessica Rae

Fordland, MO

#### Registered Nurse 2007022212

On or about January 28, 2017, Respondent was observed by co-workers to have slurred speech and confusion, and she was falling asleep at the computer. Respondent was searched and the following was found: 1 full vial of Lorazepam 2ml; 25 empty vials of Fentanyl 2ml; 22 used needles and syringes; 24 unattached needles; 2 full vials of Morphine Sulfate 4ml; 4 full vials of Hydromorphone 1 ml; 3 empty blister packs of Diazepam 2 mg; 1 empty blister pack of Lorazepam 1 mg; 1 empty blister pack of Morphine Sulfate 15 mg; 1 empty blister pack of Oxycodone HCL 5 mg; 2 empty blister packs of Oxycodone/Acetaminophen 5 mg; 1 empty blister pack of Hydrocodone Bitartrate 10 mg; 2 empty blister packs of Oxycontin 20 mg; 1 full blister

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pack of Senna-S Generic; and 1 full package of Miralax Powder. Respondent was asked to submit to a for-cause drug screen. Respondent's urine sample was confirmed positive for the presence of benzodiazepine and marijuana by the medical review officer on or about February 7, 2017.

Revoked 05/06/2020

## SUSPENSION

**Stewart, Nathaniel D**

St Louis, MO

Licensed Practical Nurse 2015028206

Licensee suspended - Failure to comply with the Missouri Alternative Program requirements.

Suspension 04/09/2020

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**Fredendall, Beth Ann**

Saint Charles, MO

Registered Nurse 151133

Licensee voluntarily surrendered her Missouri nursing license effective May 6, 2020.

Voluntary Surrender 05/06/2020

**Baker, Laura L**

Richmond, MO

Registered Nurse 107477

On March 14, 2019, Licensee pled guilty to the offense of Driving While Intoxicated in the Municipal Court of Richmond, Missouri, in case 180028198. Licensee was given a suspended imposition of sentence with two (2) years of probation.

Voluntary Surrender 04/09/2020

**Brock, Virginia J**

Joplin, MO

Registered Nurse 104311

Licensee voluntarily surrendered license.

Voluntary Surrender 03/09/2020

**Warren, Brenda L**

Chillicothe, MO

Licensed Practical Nurse 038748

On November 27, 2018, the Director of Nursing was notified that Licensee was exhibiting odd behaviors such as an unsteady gait, slurred speech, not making sense, and appeared to be under the influence. Licensee admitted to the Director of Nursing that she had drank alcohol earlier in the day and had stopped around 1200. Licensee refused to submit to the for-cause drug screen. On October 26, 2015, Licensee received an administrative alcohol suspension from the Department of Revenue for driving with a BAC of .161. On March 12, 2005, Licensee received an administrative alcohol suspension from the Department of Revenue for driving with a BAC of .182.

Voluntary Surrender 03/09/2020

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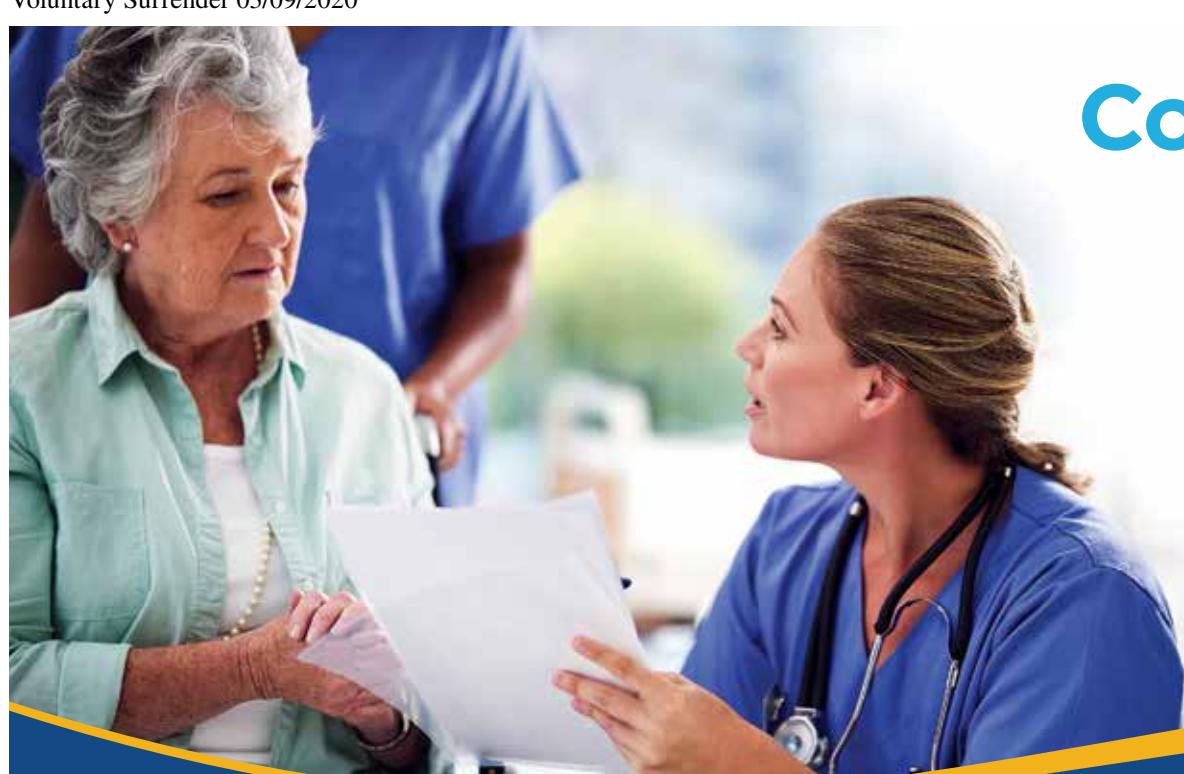
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